

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
pm 5-6
2008 MAY -8 PM 12:43

COMMITTEE NAME (Must be same as on Statement of Organization)

Friedrichsen For Iowa

IMPORTANT: Indicate by # type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Don C Friedrichsen

Political Party (if applicable)

Republican

Office Sought

House of Representative

District (if Senate or House)

House 55

FORM
DR-2

(Rev. 12/2005)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

1784

2

WKS

DV

10-9-08

5 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Don Friedrichsen

SIGNATURE OF PERSON FILING REPORT

712-368-2549

TELEPHONE

May 4 2008

DATE SIGNED

I AM FILING A May 19, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☒ 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

-0-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

6027.55

SUBTRACT TOTAL MONEY SPENT THIS PERIOD S/B 2462.41

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

3364.96

-0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

2662.59

**UNPAID BILLS (From Schedule D - Attach Schedule D) S/B 902.55

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) S/B 5000.

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

-0-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friedrichsen For Iowa

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND- RAISER INCOME
03/22/08	ID# CK# -	Delores Johnson 4823 190th Cushing, Iowa 51018	-	\$ 100.-	
04/07/08	ID# CK# -	Howard Johnson 6333 300th St Ida Grove, Ia 51445	-	25.-	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$125.-

TOTAL (if last page of this schedule)

\$125.-

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives, and affinity relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Schedule **B**
Page 1 of 2

Debt

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONEY EXPENDITURES
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☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friedrichsen For Iowa

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
		<i>Should be listed as debts owed to candidate</i>		
<i>02/26/08</i>	<i>ID# personal CK# 4516</i>	<i>Monona County Auditor Monona, Iowa 52159</i>	<i>Republican Voter list</i>	<i>\$ 15. —</i>
<i>03/05/08</i>	<i>ID# Personal CK# 4509</i>	<i>Ida County Auditor Ida Grove, Ia 51445</i>	<i>Republican Voter list</i>	<i>2.40</i>
<i>03/06/08</i>	<i>ID# personal CK# 4508</i>	<i>Crawford County Auditor Denison, Iowa 51442</i>	<i>Republican Voter list</i>	<i>17.14</i>
<i>03/06/08</i>	<i>ID# personal CK# 4538</i>	<i>Woodbury County Auditor Sioux City, Ia 51101</i>	<i>Republican Voter labels</i>	<i>35. —</i>
<i>03/05/08</i>	<i>ID# personal CK# 4543</i>	<i>Staples, Sioux City, Ia (check includes other expenses for office)</i>	<i>Mailing Sealers</i>	<i>(check amount 167.54) → 95.23</i>
<i>4/07/08</i>	<i>ID# personal CK# 4764</i>	<i>Post Office Holstein, Ia 51025</i>	<i>postage for mailings</i>	<i>351.78</i>
<i>04/07/08</i>	<i>ID# personal CK# 4765</i>	<i>Lutheran Church Holstein, Ia 51025</i>	<i>Use of Postage Permit</i>	<i>100. —</i>
<i>04/08/08</i>	<i>ID# personal CK# 4754</i>	<i>Correctionville Bldg P.O. Box 96 Correctionville, Ia 51016</i>	<i>11-12'x16' Boards (check includes other expenses for farm)</i>	<i>110. — (327.03)</i>

— TOTAL of \$726.55 shown also loan on Schedule F —

SUB-TOTAL \$ **726.55**
TOTAL (if last page of this schedule) \$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friedrichsen For Iowa

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
04/11/08	ID# 9004 Personal CK# 4762	Republican Party of Iowa S/B Debt owed to candidate	Candidate School	\$ 20. -
04/17/08	ID# CK# 100	Post office Hols. tei n, Ia 51025	mailings Postage	876.96
04/19/08	ID# CK# 101	Full House Signs 6515W. Pershing Rd. Stickney, Il. 60402	yard signs	632.50
04/23/08	ID# CK# 102	Thies Printing P.O. Box 249 Ida Grove, Ia 51445	Campaign Brochures	873.79
05/05/08	ID# CK# 103	Master Card	mailing labels	79.16
04/11/08	ID# CK# S/B	Milage Debt owed to candidate	Drive to Candidate School West Des Moines	156. -
	ID# CK#	Schedule B - Expenditures total		2462.41
	ID# CK#	Schedule B - Debts - total		902.55
Total of \$176 - is shown as loan on Sch. F				SUB-TOTAL \$2638.41
TOTAL (if last page of this schedule)				\$3364.96

S/B
Sch. D
Debt

Schedule
B
Expenditures
total
2462.41

S/B
Sch. D
Debt

S/B
Sch. D
Debt

Schedule
B
Expenditures
total
2462.41

S/B
Sch. D
Debt

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friedrichsen For Iowa

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAID☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ -0-PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
03/07/08 06/08	Don C Friedrichsen 1602 Hwy 59 Holstein, Ia 51025	same	\$ 726.55
4/11/08	Don C Friedrichsen 1602 Hwy 59 Holstein, Ia 51025	same	176.00
04/14/08	Don C Friedrichsen 1602 Hwy 59 Holstein, Ia 51025	same	5,000.00

TOTAL (PART I)

\$ 5902.55

S/B 5000.

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ -0-

From Schedule E -- TOTAL LOANS FORGIVEN

\$ -0-

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 5902.55

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Page 1 of 1
(for Schedule F)